

ORGANIZATION REPORT		2010 FORM OR-1
READ THE INSTRUCTIONS COMPLETE ENTIRE FORM SUBMIT ON YELLOW PAPER		
1. Purpose of Filing: <input type="checkbox"/> Initial Filing <input type="checkbox"/> Change of Address/Contact/Officer <input type="checkbox"/> Annual Refiling <input type="checkbox"/> Organization Name Change		2. OOC Code Number
3. Type of Operation: <input type="checkbox"/> Operator / Producer <input type="checkbox"/> Drip Pt., Scrubber, Etc. <input type="checkbox"/> Other	3a. Initial Date of LA Operation	3b. LA Secretary of State Charter Number:
4. Current Plan of Organization (Select ONE ONLY): <input type="checkbox"/> Corporation - State where Inc. <input type="checkbox"/> Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____		5. Company Federal Tax ID Number
6a. Organization - Name & Mailing Address Contact Person for Organization: Phone Number: Fax Number: E-Mail Address:	6b. Emergency Contact Address (if address is same as in box 6a., write "SAME") Contact Person for Emergency: Phone Number: Fax Number: E-Mail Address:	
7. Address to which Form OGP, R5D, and R4 correspondence should be directed: <div style="display: flex; justify-content: space-between;"> <div> Contact Person for Reporting: Phone Number: Fax Number: E-mail Address: </div> </div>		
8. Three Primary Officers (Only one necessary if individual) NOTE: The Address listed for the Officer(s) must be different from that listed above. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (1) Name: _____ Title: _____ Address: _____ </div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> (2) Name: _____ Title: _____ Address: _____ </div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> (3) Name: _____ Title: _____ Address: _____ </div> <div style="width: 45%;"></div> </div>		
9. Complete Page 2 for COMPLIANCE CORRESPONDENCE/INJECTION AND MINING CORRESPONDENCE (see instructions).		
10. If a change of organization name, give previous name and OOC code number and the desired effective date of the company name change: <div style="display: flex; justify-content: space-between;"> <div>Name: _____</div> <div>OOO Code Number: _____</div> <div>Eff. Date: _____</div> </div>		
11. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.		
<p>CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO MY KNOWLEDGE.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> _____ PRINTED NAME </div> <div style="width: 30%;"> _____ TITLE </div> <div style="width: 30%;"> _____ DATE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> _____ SIGNATURE </div> <div style="width: 30%;"> _____ TELEPHONE NUMBER </div> </div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">FOR OOC USE ONLY</div>		
<div style="display: flex; justify-content: space-between;"> <div>DATE: _____</div> <div>APPROVED BY: _____</div> <div>PAID - CHECK NO.: _____</div> </div>		

INSTRUCTIONS**Form OR-1: Organization Report
Registration Fee \$105.00**

WHO IS TO FILE FORM OR-1: Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form OR-1, and appropriate fee (if applicable), must be filed for each type of operation. **All organizations must register with the Louisiana Secretary of State.**

WHEN TO FILE FORM OR-1: Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. Update any changes by entering them in the proper areas: where no changes occur, enter the word "SAME". SIGN and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

SPECIFIC ITEMS ON FORM OR-1:

1. Check the proper block to show the purpose of filing.
2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned; do not give your previously assigned OOC Code Number in this space (See No. 10).
3. Check the proper block to show type of operation. **A separate Form OR-1 , and appropriate fee, must be filed for each type of operation.**
 - 3a. Please indicate the **Initial Date of Operation in Louisiana.**
 - 3b. Please indicate the LA Secretary of State charter/organization ID number (if applicable).
4. Check the appropriate plan of organization. Select one only.
5. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
6. This is the official name of your organization as carried on Office of Conservation records. **ADDRESS, (a) ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND (b) AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.**
 - 6a. and 6b. **NAME AND ADDRESS INSTRUCTIONS:** Each name and address line is limited to 40 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
7. Address to which Production Audit reporting correspondence should be directed, give Contact Person , telephone number, fax number, and e-mail address.
8. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others. The street address for each Officer **MUST** be different from that shown for the organization in No. 6a. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 6a.
9. Complete Page 2 of organization address for Field Compliance/Injection and Mining Correspondence. Each name and address line is limited to 40 spaces in length. Each name is limited to one line, while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
10. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number. **PLEASE NOTE:** All wells currently in the old organization's name are required to be changed into the new organizational name by filing Form MD-10-R-A, MD-10-R-AO, or MD-10-R-A-1. This change may require financial security in accordance with LAC 43:XIX.104.

IF YOU HAVE ANY QUESTIONS PLEASE CALL EVELYN LAMBERT OR JAYNE GARON (225) 342-5530.

**RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION
P.O. BOX 94008
BATON ROUGE, LA. 70804-9008**

Office of Conservation (OOC) Code Number: _____

Organization Name: _____

(To be completed by Operators of Oil and Gas Wells and Oilfield Pits)

ADDRESS TO WHICH **COMPLIANCE CORRESPONDENCE** (Field, Form WH-1, Form Comp., Form Eng-16, Form P & A, Work Permit, Form AD, Directional Survey, Form DM 1-R, Form DT-1, etc) SHOULD BE DIRECTED:

CONTACT PERSON: _____

PHONE NUMBER: _____ / _____

AREA CODE NUMBER

FAX NUMBER: _____ / _____

AREA CODE NUMBER

E-MAIL ADDRESS: _____

(To be completed by Operators that possess a Class I, II, III and V Injection/Disposal Permit)

ADDRESS TO WHICH **INJECTION & MINING CORRESPONDENCE** SHOULD BE DIRECTED:

CONTACT PERSON: _____

PHONE NUMBER: _____ / _____

AREA CODE NUMBER

FAX NUMBER: _____ / _____

AREA CODE NUMBER

E-MAIL ADDRESS: _____

INSTRUCTIONS:

This form is to be filed **annually**. Each name and address line is limited to 40 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.